



AGREE II

A critical appraisal of: Interventions for Postpartum Depression - RNAO nursing best practice guideline using the AGREE II Instrument

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Guideline URL:

Overall Assessment

Title: Interventions for Postpartum Depression - RNAO nursing best practice guideline

Overall quality of this guideline: 6/7

Guideline recommended for use? Yes.

Notes:

RNAO has developed a rigorous approach to guideline development. I would prefer if RNAO had completed the planned three year review; due in 2008. Current practice in Peel is to use EPDS in screening all at risk women at the time of in-depth assessment by HBHC PHN. There was insufficient evidence in the literature published up to and including 2004 to support this. EPDS is also being used in pregnant women; this practice was out of scope for the current guideline.

Domain	Total
1. Scope and Purpose	20
2. Stakeholder Involvement	19
3. Rigour of Development	53
4. Clarity of Presentation	20
5. Applicability	22
6. Editorial Independence	12

1. Scope and Purpose

1. The overall objective(s) of the guideline is (are) specifically described.

Rating: 7

p 12 purpose and scope. focus on confirmation, prevention, and treatment of mothers with depressive symptoms in the first postpartum year. Benefit of screening is not proven.

2. The health question(s) covered by the guideline is (are) specifically described.

Rating: 6

Clinical questions: p. 13 1. How can nurses accurately confirm depressive symptoms in postpartum women? 2. What effective prevention interventions can nurses implement in practice? 3. What effective treatment interventions can nurses implement in practice? Exclude postpartum depression screening due to lack of strong, consistent evidence.

3. The population (patients, public, etc.) to whom the guideline is meant to apply is specifically described.

Rating: 7

Women in the first year postpartum. Excludes antenatal women p 13 which requires a separate review and evaluation of evidence.

2. Stakeholder Involvement

4. The guideline development group includes individuals from all relevant professional groups.

Rating: 7

p 4 includes academic nurses, social workers, staff nurses; CA by Donna Ciliska and Wendy Sword.

5. The views and preferences of the target population (patients, public, etc.) have been sought.

Rating: 5

p 14 draft to external stakeholders for review. Representation from various healthcare professionals as well as clients provided with specific questions for comment, overall feedback and general impressions. Not convincing re client participation.

6. The target users of the guideline are clearly defined.

Rating: 7

p 12 nurses in a variety of settings, depending on their individual competencies. Very appropriate; within nursing role.

3. Rigour of Development

7. Systematic methods were used to search for evidence.

Rating: 7

Appendix B p 69 clearly outlines search strategy and databases. Structured website search for guidelines conducted. Google search and hand search by panel members.

8. The criteria for selecting the evidence are clearly described.

Rating: 7

p 69 well written

9. The strengths and limitations of the body of evidence are clearly described.

Rating: 7

p 18/19 easy to find, well written, adequate content. See also p. 40/41

10. The methods for formulating the recommendations are clearly described.

Rating: 5

p 14 states discussion and consensus used in drafting guidelines based on literature, but no framework stated. see also p. 19

11. The health benefits, side effects, and risks have been considered in formulating the recommendations.

Rating: 7

p 15/16 background context discusses health implications of PPD. In discussion of evidence for each recommendation, health benefits and risks are stated eg assessing risk for self harm

12. There is an explicit link between the recommendations and the supporting evidence.

Rating: 7

p 11 Levels of evidence are outlined. This coding applied to each recommendation.

13. The guideline has been externally reviewed by experts prior to its publication.

Rating: 7

p 5 Donna Ciliska and Wendy Sword. Both prepared at PhD level. p 6/7 Long list of external stakeholders who reviewed and provided feedback before publication. p 14 provides details of review process.

14. A procedure for updating the guideline is provided.

Rating: 6

Three year review cycle outlined p. 45. But it is now 6 years since publication (April 2005) and guideline review yet to commence (personal communication with RNAO - review to start 2011/12 with publication of updates 2012).

4. Clarity of Presentation

15. The recommendations are specific and unambiguous.

Rating: 6

p20-39 contains clear recommendations, however Rec 2 somewhat vague. Rec 17 re how to introduce guideline to nurses in a practice setting.

16. The different options for management of the condition or health issue are clearly presented.

Rating: 7

Yes. Peer support; family support; medication; self-care activities.

17. Key recommendations are easily identifiable.

Rating: 7

Yes. Well written, use of colour coding and text boxes to highlight. Grouped on pgs 10/11. Recs 6/17 are related to use of EPDS tool

5. Applicability

18. The guideline describes facilitators and barriers to its application.

Rating: 5

p. 44 addresses implementation strategies including a toolkit developed by RNAO. Unable to find discussion of barriers.

19. The guideline provides advice and/or tools on how the recommendations can be put into practice.

Rating: 6

p. 44 Appendix K - pathway EPDS tool in ENG/French; scoring; resource sheets; no description of pilot testing the pathway. EPDS well tested.

20. The potential resource implications of applying the recommendations have been considered.

Rating: 5

p 42/3 Evaluation and monitoring of guideline implementation Costs not explicitly presented eg staff time/training. No costing of antidepressants - out of scope of basic nursing practices (is it now within scope of extended class? i.e. NPs)

21. The guideline presents monitoring and/or auditing criteria.

Rating: 6

p 42. No frequency stated.

6. Editorial Independence

22. The views of the funding body have not influenced the content of the guideline.

Rating: 7

p 12 funded by provincial government of Ontario but RNAO did the work independent of any bias or influence by government.

23. Competing interests of guideline development group members have been recorded and addressed.

Rating: 5

p 4 Declarations of interest and confidentiality were made by all panel members but one has to contact RNAO for details. In my experience, RNAO staff do not respond readily to telephone queries.

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